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Rules governing medical inspection in public schools.

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Akron, O. Board of education.

# RULES GOVERNING MEDICAL INSPECTION IN AKRON PUBLIC SCHOOLS

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# RULES GOVERNING MEDICAL INSPECTION OF SCHOOLS.

1. For the purpose of medical inspection, the schools of the city shall be divided into five groups as follows: (1) Allen, Miller, Leggett; (2) Lane, Howe, Perkins; (3) Grace, Spicer, High; (4) Portage Path, Crosby, Bryan, Samuel Findley; (5) Bowen, Henry, Fraunfelter, Kent.

2. A Medical Inspector shall be appointed by the Board of Education for each of these groups. The appointment shall be made at the second meeting of the Board in July, or as soon thereafter as practicable. The term of appointment shall be for one year. At the time of appointment, the annual salary of each Inspector shall be fixed. This salary shall be paid in ten equal payments at the times of the payment of teachers.

3. At some time before the opening of the schools in September, the time to be fixed by the Superintendent of Schools, each Inspector shall meet all the teachers of the schools of his group and give them all necessary instruction in the work that the teachers are to perform in medical inspection.

4. Each Inspector shall visit each school building in his charge every morning, beginning at 8:30 o'clock, and proceed from one to another, following the same order each morning, until all his buildings have been visited without unnecessary delay.

5. At the opening of the school year the Inspectors will conduct a physical examination of every pupil in their respective schools. The eyelids, mouth, throat, skin, and hair of each pupil will be examined. The Inspector will not touch the child, but the latter will be required to

pull down his own eyelids, open his mouth, show his hands and, in the case of girls, lift up her back hair. Individual wooden tongue depressors will be furnished by the Board of Education for this examination. Any child whose condition in any particular seems to demand a more thorough examination will be caused to stand aside until the Inspector has an opportunity to make such an examination as the conditions, upon further consideration, seem to warrant.

6. Following the routine examination of each pupil, the Medical Inspector will visit each building in his group, each morning, and inspect pupils sent by teachers and principal to a room provided for that purpose. Each child so sent shall be accompanied by a card from the teacher to the Inspector, giving date, teacher's name and room number, parent's name and address, child's name, and complaint suspected. The pupils sent by teachers and principal for morning inspection shall be the following:

(a) All children suspected of having contagious diseases.

(b) All children who have been absent from school one or more days for reasons not perfectly understood by teachers and principal.

(c) Children returning after previous exclusion.

(d) Children previously ordered under treatment.

(e) All affected children referred by the Medical Inspector to the family physician for diagnosis.

(f) Children examined by teachers for non-contagious affections that seem to interfere with the work of the children in school, but upon which teachers are unable to pass judgment and to recommend treatment.

7. Every teacher shall undergo the same examination by the Inspector as is given pupils by Inspector and teacher.

8. Medical Inspectors shall immediately exclude from school all children showing signs or symptoms of smallpox, diphtheria, scarlet fever, measles, chicken pox, whooping cough, tuberculosis, or mumps. Each child so excluded shall be given a proper exclusion card, addressed to the parent, stating the reason for exclusion, and telling the parent what he should do. The Medical Inspector will also send notice, first by telephone and later by card, to the Health Officer, of the suspected case of contagious disease, giving the home address and name of parent, or guardian, and the name of the disease suspected.

9. Inspectors shall exclude children having pediculosis, with live pediculi; skin diseases, including ring worm of scalp, face or body; scabies and dormant pediculosis in cases where pupils have persistently

refused to undergo treatment. Proper exclusion cards shall be sent to the parents of pupils excluded for these causes.

10. Children excluded for causes mentioned in No. 9 are to return to school the following day for re-examination, and shall be allowed to attend school as long as treatment is continued. Parents who refuse, or neglect, after official notice to have their children treated shall be proceeded against by the Attendance Officer according to law.

11. Each Inspector shall keep, in each building, a daily record, upon forms furnished for that purpose by the Board of Education, of the number of children examined (not including routine examinations); the number not affected and therefore returned to their rooms; the number excluded, with name, address, cause, and date of exclusion of each child and the date of return of same to school; the number reported to parents for diagnosis and treatment by family physicians with name, address, date, and affection, together with result of such report in each case.

12. Rules governing the admission of children to school after illness of contagious diseases are as follows: School children may return to school after,—

**Diphtheria,** when official notice is given by the City Health Department to the principal of the school that the child is able to attend school and after the Medical Inspector has satisfied himself. Those exposed to diphtheria should be excluded one week after last exposure.

**Scarlet fever,** after three weeks, or when peeling has ceased.

**Measles,** when catarrhal symptoms have ceased. Those exposed should be excluded two weeks after date of last exposure.

**Whooping cough,** after coughing has ceased. Those exposed should be excluded two weeks from date of last exposure.

**Mumps,** after swelling has disappeared. Those exposed should be excluded three weeks from date of last exposure.

**Chicken pox,** when skin is free from crusts and scabs.

**German measles,** two weeks. Those exposed must be excluded from school three weeks from date of last exposure.

13. The testing of sight and hearing shall be done by the teachers. The necessary rules and instructions for conducting these examinations will be furnished by the Medical Inspectors. Test cards and other apparatus necessary will be furnished by the Board of Education. Each teacher shall record upon a suitable form, furnished by the Board of Education, the condition of the eyes and the ears of each child, with the date of examination and the efforts made to improve conditions where such improvement is found to be needed.

14. The examination of each child, in grades 1-A to 12-A inclusive, with respect to sight and hearing, will be conducted by his teacher at the opening of each school year. Examinations will be conducted at the middle of the year upon pupils admitted to the 1-A grade at that time. Children entering 1-A and above, at other times than at the beginning of the term, will be examined when admitted to school.

15. Peculiar cases of all kinds will be referred by the teachers to the Inspector.

16. Monthly and annual reports to show the results of medical inspection in the schools will be made by the Principals to the Superintendent, upon forms furnished by the Board of Education.

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## DIRECTIONS FOR TESTING SIGHT.

1. Children under 1-A grade need not be examined.

2. Children should be examined singly and privately.

3. Children wearing glasses should be tested with the glasses properly adjusted to their faces.

4. By daily careful attention to the habits of individuals, ascertain whether the child habitually suffers from inflamed lids or eyes or, after study, has weariness or pain in eyes or head or is suffering from squint (cross eyes).

5. Use the large charts to see whether vision is normal or not. Do not expose the charts except when they are in use, as familiarity tends to memorizing letters.

6. Hang the test letters in a good, clear light (side light preferred) on a level with the head. Place the child twenty feet from the letters, one eye being covered with a card held firmly against the nose, without pressing on the covered eye. Have him read aloud, from left to right, the smallest letters that he can see on the card. When testing the other eye, have the letters named in order from top downward or from right to left, to avoid naming letters from memory.

7. A record of the strength of vision should be made for each child on the blank prepared for this purpose.

8. There is a number over each line of the test letters which shows the distance in feet at which these letters should be read by a normal eye. From top to bottom, the lines on the card are numbered respectively, 50, 40, 30 and 20. At a distance of 20 feet, the average normal eye should read the letters on the 20-foot line, and if this is done

correctly, or with a mistake of one or two letters, the vision may be noted as 20/20, or normal. In this fraction the numerator is the distance in feet at which the letters are read, and the denominator is the number over the smallest line of letters read. If the smallest letters which can be read are on the 30-foot line, the vision will be noted as 20/30; if the letters on the 40-foot line are the smallest that can be read, the record will be 20/40; if the letters on the 50-foot line are the smallest that can be read, the record will be 20/50.

If the child cannot see the largest letters, the 50-foot line, have him approach slowly until a distance is found where they can be seen. If 5 feet is the greatest distance at which they can be read, the record will be 5/50 (1/10 of normal).

Test the second eye, the first being covered with the card, and note the result, as before. With the second eye, have the child read the letters from right to left to avoid memorizing. To prevent reading from memory, a hole 1½ inches square may be cut in a piece of cardboard, which may be held against the test letters, so as to show only one letter at a time, and may be moved about so as to show the letters in irregular order. A mistake of two letters on the 20- or the 30-foot lines, and of one letter on the 40- or 50-foot lines, may be allowed.

9. If the test for distant vision reveals any abnormal condition, the eyes should also be tested for focusing power, or accommodation. This test should also be given when children have returned after an attack of a contagious disease and there is a suspicion of eye trouble.

The eyes should also be tested at the near point, separately, as with the large chart, the pupil being seated with his back toward the light and with the small chart well lighted. Begin at 18 inches and steadily bring the chart nearer and nearer while the pupil continues to read aloud. When he can read no further, measure the distance from his eye to the chart. If the child has difficulty in reading the chart he can spell the words, and the test will be determined by his failure to pronounce the letters correctly.

10. The fractions 20/20, 20/30, 20/40, 20/50, etc., will record the distant vision (20 feet) of each eye. The focusing power of each eye will be recorded by giving the greatest distance that the fine print can be read, up to the shortest distance. For example, right eye 16 inches up to 4 inches. This will appear on the record 16-4.

11. Notice will be sent to the parent or guardian upon cards furnished for the purpose whenever the vision in either eye falls below 20/30. No notice will be sent when the vision is 20/20 in one eye and 20/30 in the

other, or 20/30 in both eyes. A notice card will also be sent when the teacher finds that the eyes, or eyelids, are habitually red or inflamed; when there is complaint of pain in the eyes or head after writing or reading, especially towards the end of school hours; when one or both eyes deviate from the normal position (squinting); when the book is habitually held at less than one foot from the eyes and there is scowling and evident effort in using the eyes.

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## DIRECTIONS FOR TESTING HEARING.

1. All children above 1-B grade shall be examined.

2. Children shall be examined singly and privately.

3. Ascertain whether the child has frequent earaches, has pus or a foul odor proceeding from either ear, suffers from frequent "colds in the head," is subject to a constant catarrhal discharge from the nose or throat, or is a mouth-breather.

4. The examiner should attempt to form standards by testing persons of normal hearing at normal distances. In a still room the standard whisper can be heard easily at 25 feet, the words of a low voice can be heard from 35 to 45 feet, and of a loud voice from 45 to 60 feet.

5. Seat the child facing you near one end of a quiet room with the windows closed. Begin the test at a measured distance of 25 feet. The test is made by having the left ear tightly closed with the finger while you observe the ability of the child to repeat your moderate whispers of numbers between 21 and 99 inclusive, avoiding those with ciphers; as, 75, 55, 37, 22, etc. Test the left ear with the right tightly closed. Avoid having a wall behind you to act as a sounding board. The figures should have as nearly equal emphasis as possible, and the distance at which the child correctly repeats a series of 3 numbers gives his hearing distance for that ear. No further test is necessary if the child hears the numbers perfectly with each ear. If this test shows a slight defect of either ear, further tests may be made by observing how each child hears the tick of an ordinary watch, which should be heard normally at a distance of not less than 3 feet.

6. The hearing is recorded by a fraction of which the numerator represents the distance you are from the child, and the denominator is 25. If he repeats the numbers correctly at 25 feet his hearing is 25/25 or normal. If he repeats the numbers correctly only when you are at 20 feet it is 20/25 or 4/5 the normal, and at 12 feet 12/25, etc.

7. Record on the sheet provided for that purpose the hearing conditions of every child.

8. Send at once a properly filled blank to the parent or guardian of any child whose hearing conditions are below normal.

## SYMPTOMS.

Some general symptoms of diseases in children which teachers should notice and on account of which the children should be referred to the Medical Inspector:

Emaciation
Unusual pallor
Puffiness of the face, especially of eyelids
Shortness of breath
Swellings in the neck
General lassitude and other evidences of sickness
Flushing of face
Eruptions of any sort
Cold in the head with running eyes
Discharge from nose
Evidence of sore throat
Coughs
Excessive nervousness
Mouth-breathing
Vomiting
Constant or frequent scratching of body
Frequent requests for permission to go to the toilet
Habitual peculiar postures at desk.

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